



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

February 27, 2009

Shane Quesnell, Administrator  
Preferred Community Homes—Sunset Oaks  
7091 West Emerald Street  
Boise, Idaho 83704

RE: Preferred Community Homes—Sunset Oaks, provider #13G052

Dear Mr. Quesnell:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes—Sunset Oaks, on February 17, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

TM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/26/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>PREFERRED COMMUNITY HOMES - SUNSET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7591 BIRCH LANE NAMPA, ID 83686</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996 and is licensed for 8 ICF/MR beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on February 17, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREFERRED COMMUNITY HOMES - SUNSET OAK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7591 BIRCH LANE NAMPA, ID 83686</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p><b>16.03.11 Initial Comments</b></p> <p>The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996 and is licensed for 8 ICF/MR beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on February 17, 2009. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, Residential Board &amp; Care Occupancies, Impractical Evacuation Capability in accordance with IDAPA 16.03.11</p> <p>The Survey was conducted by:</p> <p>Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction</p>	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE